

**Please Type or Print Clearly**

Warren Town Clerk's Office, 514 Main St., Warren, RI 02885

**Application for a Certified Copy of a Marriage or Civil Union Record**

**Please complete ALL items below**

Name of Parties on Record:

\_\_\_\_\_  
First Name                                      Middle Name                                      Current Last Name                                      Birth Last Name (if different)

\_\_\_\_\_  
First Name                                      Middle Name                                      Current Last Name                                      Birth Last Name (if different)

Date of Marriage/Civil Union: \_\_\_\_\_ City/Town of Marriage/Civil Union: \_\_\_\_\_

Please complete one of the following:

I am applying for the marriage/civil union record of:

- my own record                                       my mother/father/parent                                       my child
- my grandparents                                       my brother or sister
- my client. I'm an attorney representing: \_\_\_\_\_
- The name of the law firm is: \_\_\_\_\_
- another person (please specify): \_\_\_\_\_

Why do you need this record?

- update records                       health insurance                       passport                       foreign government (State Issued\*)
- vets benefits                       legal purposes                       other use (specify): \_\_\_\_\_

**\*Copies issued for foreign governments must be issued by the State Office only.**

**Certified copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.**

How many copies do you want? \_\_\_\_\_

**I hereby state that the information supplied above is true and that I am not in violation of Section 23-3-28 of the General Laws of RI (printed on the reverse side of this form).**

Please sign \_\_\_\_\_  
signature of person completing this form                                      date signed

Type/print your name: \_\_\_\_\_

Type/print your address: \_\_\_\_\_  
(include street or mailing address, city/town, state, and zip code.)

**ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID**

VS-82M (Rev. 06-13)

\*\*\*\*\*BELOW THIS LINE FOR OFFICE USE ONLY\*\*\*\*\*

Type of Valid Picture ID: \_\_\_\_\_ ID Number: \_\_\_\_\_ ID Issued by: \_\_\_\_\_

State/Local File # \_\_\_\_\_ Amt. rec'd \_\_\_\_\_ Rec't # \_\_\_\_\_ Date sent \_\_\_\_\_ Initials \_\_\_\_\_

	Birth	Death	Marriage/Civil Union
Number of first copies	_____	_____	_____
Number of additional copies	_____	_____	_____
Number of searches	_____		
Additional years searched	_____		

### Section 23-3-28 of the General Laws

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof . . . shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both.